

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE				
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5		4					55					
6		4					56					
7		6					57					
8							58					
9		1					59					
10		1					60					
11		2					61					
12		8					62					
13		8					63					
14		8					64					
15		8					65					
16		8					66					
17		1					67					
18		1					68					
19		1					69					
20		8					70					
21		8					71					
22		1					72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29		1					79					
30		1					80					
31		1					81					
32		1					82					
33		1					83					
34		1					84					
35		1					85					
36		1					86					
37		1					87					
38		1					88					
39		1					89					
40		1					90					
41		1					91					
42		1					92					
43		1					93					
44		1					94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			2	1			TOTAL IND.					
TOTAL DEP.			21	21			TOTAL DEP.					
TOTAL CLAIMS			23				TOTAL CLAIMS					